

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091839433
APPLICANT(S)

1123106

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7			1			
8			1			
9						
10						
11			1			
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50						
TOTAL IND.			1			
TOTAL DEP.			6			
TOTAL CLAIMS			7			

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					